

MODEL COMPLAINT FORM
INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)
MAY BE USED WHEN REQUESTING A DUE PROCESS HEARING

PLEASE TYPE OR PRINT

Date: _____

The **45** calendar days to complete a complaint will begin on the day the complaint is received by the school that is the subject of the complaint. The complaint must be in writing and may include supporting documents. A complaint may be submitted on this model form or in some other written format at the discretion of the parent(s) or their attorney.

REQUESTED INFORMATION

Complainant (Parent) or Attorney Name: _____

Complainant (Parent) or Attorney Address: _____

Complainant (Parent) or Attorney Phone: _____

The best time(s) to call during normal working hours (8-5 weekdays): _____

Alternate phone number(s) or preferred method of contact: _____

REQUIRED INFORMATION

Student's Name: _____

Student's Address: _____

Public Education Agency: _____

School Student Is Attending: _____

Provide a description of the nature of the problem of the child relating to such proposed initiation or change, including facts relating to such problem. Complainable issues under IDEA are any matter(s) relating to the identification, evaluation, educational placement, or the provision of a Free Appropriate Public Education (FAPE) to a student.*

Provide a proposed resolution of the problem(s) to the extent known and available to you.*

Parent Signature: _____

***Please attach additional sheets if needed. You have the right to receive a copy of the Procedural Safeguards Notice from the school at the time you submit your complaint.**

Additional questions concerning this form or due process rights may be addressed by contacting:

ARIZONA DEPARTMENT OF EDUCATION
EXCEPTIONAL STUDENT SERVICES
1535 WEST JEFFERSON STREET
PHOENIX, ARIZONA 85007
(602) 542-3084 FAX (602) 364-0641